

Idaho

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State CARE Act Program Profile

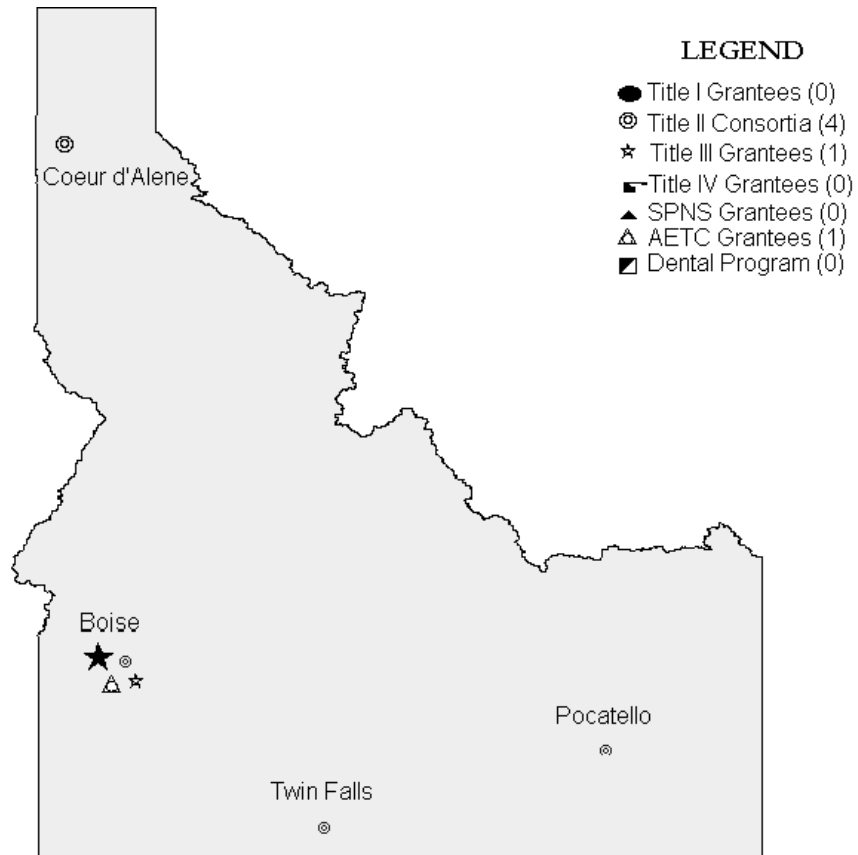
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$285,657	\$362,917	\$444,562	\$1,093,136
ADAP	(\$35,657)	(\$112,917)	(\$194,562)	(\$343,136)
Title III	\$0	\$0	\$295,575	\$295,575
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$3,640	\$4,500	\$10,000	\$18,140
Dental	\$0	\$0	\$0	\$0
Total	\$289,297	\$367,417	\$750,137	\$1,406,851

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

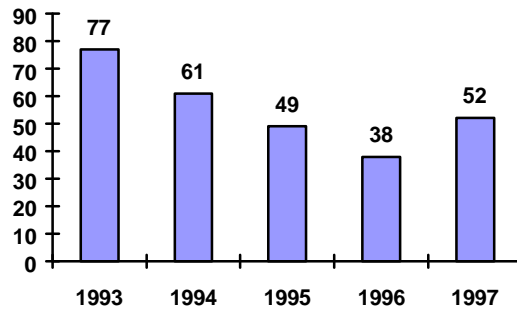
	1996	1997	1998
Title I	0	0	0
Title III	0	0	1
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or collaborator)	1	1	1
Dental	0	0	0

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: Idaho (Pop. 1,210,232)

- ▶ Persons reported to be living with AIDS through 1997: 175
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 245
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated June 1986)
- ▶ State AIDS Cases (cumulative) since 1993: 277 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	75%	78%
Women (13 years and up):	25%	22%

	State-Specific Data	National Data
<13 years old :	0%	1%
13-19 years old :	0%	1%
20+ years old :	100%	98%

	State-Specific Data	National Data
White:	85%	33%
African American:	2%	45%
Hispanic:	10%	21%
Asian/Pacific Islander:	2%	<1%
Native American/Alaskan Native:	2%	<1%

	State-Specific Data	National Data
Men who have sex with men (MSM):	42%	35%
Injecting drug user (IDU):	13%	24%
Men who have sex with men and inject drugs (MSM/IDU):	4%	4%
Heterosexual contact:	19%	13%
Other, unknown or not reported:	21%	24%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	131.0	194.5
Gonorrhea (1996)	8.4	124.0
Syphilis (1996)	03	4.3
TB (1997)	1.2	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** access to drug therapies; dental services; support groups; counseling; housing; food and nutrition services; transportation; lack of experienced physicians willing to treat PLWHs; lack of a comprehensive services at the one clinic in the state; and absence of clinics in other parts of the State

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	133% FPL

*Income eligibility for State's ADAP program is 200% FPL.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	No
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

1915(b) waiver(s): Yes

Title II: Idaho

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$285,657	\$362,917	\$444,562	\$1,093,136
ADAP (included in Title II grant)	(\$35,657)	(\$112,917)	(\$194,562)	(\$343,136)
Minimum Required State Match	\$0	\$0	\$0	\$0

Allocation of Funds

	1998
Health Care (State Administered)	\$305,000/69%
Home and Community Care	(\$0)
Health Insurance Continuation	(\$0)
ADAP/Treatments	(\$305,000)
Direct Services	(\$0)
Case Management (State Administered)	\$0/0%
Consortia	\$94,587/21%
Health Care*	(\$94,587)
ADAP/Treatment	(\$0)
Case Management	(\$0)
Support Services**	(\$0)
Administration, Planning and Evaluation (Total State/Consortia)	\$44,975/10%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 4

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Central Idaho HIV/AIDS Consortium	Boise	Health Districts III and IV	\$91,905
North Idaho AIDS Coalition	Coeur d'Alene	Health Districts I and II	\$14,043
South Central Idaho HIV Prevention Coalition	Twin Falls	Health District V	\$0
Southeast Idaho AIDS Coalition	Pocatello	Health Districts VI and VII	\$8,357

Accomplishments

Clients Served (duplicated count), FY 1996:	70
Men:	83%
Women:	17%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	100%
African American:	0%
Hispanic:	0%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Men who have sex with men (MSM):	56%
Injecting drug user (IDU):	28%
Men who have sex with men and inject drugs (MSM/IDU):	12%
Heterosexual contact:	4%
Other, unknown or not reported:	0%

► **Improved Patient Access**

- The number of clients accessing primary health care and support services through HIV care consortia increased from 50 in 1994 to 70 in 1995 and 1996, a 40% increase; and, in 1997, a total of 97 clients were served, a 38% increase over the previous two years.
- Between 1995 and 1996, the number of clients receiving HIV/AIDS medications through the Title II ADAP increased by one-third, from 60 persons to 80 persons. During 1997, that number remained stable, with 84 clients served, although 37 were new clients. Approximately 38% of ADAP clients were receiving combination antiretroviral treatment with protease inhibitors as of June 1998. At that time, there was also a waiting list of 15 persons for enrollment in ADAP and access to protease inhibitors.
- Idaho expanded the ADAP formulary in 1997-98 to include all new protease inhibitors, for a total of 14 covered medications.

► **Cost Savings**

- The ADAP reports receiving negotiated voluntary manufacturers' rebates from pharmaceutical companies.
- The ADAP negotiated a contract with a mail order pharmacy to provide prescriptions along with packaging, labeling, drop-shipping and assistance with required reporting at no additional cost. Prescriptions are faxed by providers to the STD/AIDS Program, which in turn notifies the pharmacy that is to fill and ship them by two-day mail to the provider.

► **Other Accomplishments**

- The Idaho ADAP converted to a new, completely automated information management system to improve client/services utilization, tracing, and reporting, and thereby increased administrative efficiency.
- The ADAP Advisory Committee includes representation from the medical community (physicians, nurses, and pharmacists) as well as representation from PLWH who have utilized the ADAP. The purpose of the advisory committee has been to develop medical guidelines to ensure that all patients applying for State-supplied medication are evaluated in the same manner by their physicians. This committee continues to provide program recommendations to ADAP on services for consideration as funding permits.

AIDS Drug Assistance Program (ADAP): Idaho

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$165,657	\$193,480	\$305,000	\$664,137
State Funds	\$0	\$100,000	\$200,000	\$300,000
Total	\$165,657	\$293,480	\$505,000	\$964,137

Program

- ▶ Administrative Agency: Dept. of Health & Welfare
- ▶ Formulary: 14 drugs, 4 protease inhibitors, 5 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: Yes
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: The ADAP Advisory Committee includes representation from the medical community (physicians, nurses, and pharmacists) and PLWH consumers.
- ▶ Enrollment cap: 30
- ▶ Waiting list as of 10/98: 15
- ▶ Waiting list for protease inhibitors as of 10/98: 15

Clients Served

Clients enrolled, 10/98:	61
Number using ADAP each month:	40
Percent of clients on protease inhibitors:	38%
Percent of active clients below 200% FPL:	61%

Client Profile, FY 1996

Men:	88%
Women:	13%
<13 years old:	0%
13-19 years old:	0%
20+ years old:	100%
White:	88%
African American:	0%
Hispanic:	13%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Title III: Idaho

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	0	0	1	
Total Title III funding in State	\$0	\$0	\$295,575	\$295,575

Accomplishments

► Improved Patient Access

- The Family Practice Residency of Idaho provides services in a region where all but three counties are either rural or frontier counties. The Family Practice Residency provides training and education to improve access to care.
- Approximately 1,000 women receive prenatal services annually through the Family Practice Residency. Due to the high volume of obstetric services provided, HIV counseling and testing can be provided to a great number of pregnant women.
- The Family Practice Residency of Idaho was granted a new Title III award in 1998 to establish an early intervention program.

► Cost Savings

- The Family Practice Residency of Idaho has established systems and linkages to pharmaceutical companies to access medications through indigent drug programs.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Family Practice Residency of Idaho, Inc.	Boise	Many counties in Idaho	Non-329/330/340 Health Center

AIDS Education and Training Centers: Idaho

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ Northwest AETC
- ▶ States Served: Alaska, Idaho, Montana, Oregon, Washington
- ▶ Primary Grantee: University of Washington, Seattle, WA
- ▶ Collaborators in State: Dept. of Health and Welfare, Bur. of Prev. Med. - Boise

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$3,640	\$4,500	\$10,000	\$18,140

Training Highlights from FY 1997

- In collaboration with the Washington State Department of Mental Health, SPNS grantees, and the Oregon Health Sciences University HIV Program, the AETC developed and facilitated a two-day integrated training for primary care providers and case managers. The training focuses on managed care issues, adherence, and collaborations between HIV/AIDS, mental health, and substance abuse case managers and care systems.
- To help providers understand that challenges of treating individuals with a dual diagnosis of HIV and addiction, a workshop on harm reduction was offered in June 1998. The workshop was geared toward substance abuse educators, counselors, HIV/AIDS and mental health case managers. Issues addressed at the training included substance abuse, harm reduction, and adherence to HIV/AIDS therapeutic regimens.
- The AETC co-sponsored a conference in Spokane titled, "HIV/AIDS Update with Grand Rounds." This course, attended by dentists and dental hygienists, included both lecture and the opportunity for participants to examine patients with oral manifestations.

- The AETC carried out several activities to disseminate information on the reduction of perinatal transmission of HIV. In 1997, two trainings were held for providers, one in Billings, Montana and the other in Portland, Oregon. In addition to the trainings, information on reducing perinatal transmission was mailed to 750 providers who work at primary care clinics. Medical directors at the clinics also received a book on the medical management of AIDS in women. The AETC also produced and distributed a fotonovella, an illustrated booklet that incorporates treatment information into a story, to assist providers in communicating information on reducing perinatal transmission to their patients.
- To educate providers about PHS treatment guidelines, a video on the treatment guidelines was distributed to every State Health Department in the region.
- In collaboration with the Washington State Department of Health-HIV/AIDS Client Services and early Intervention Program, and the Washington State Medical Association, a four-page needs assessment was developed to gather information on the knowledge level of Washington State primary care providers on HIV/AIDS therapeutics and assessment skills. Over 1,700 surveys were returned and the results will be used to tailor future training activities to the needs of providers.
- With supplemental AETC funds, the AETC is training primary care providers serving the Alaskan Native/Native American population in Alaska. This two-phase project, conducted in collaboration with the Alaskan Native Health Board, includes a needs assessment to be carried out in January 1999 and four regional trainings. The AETC also was one of the sponsors of AIDS Symposium, a statewide conference held in May 1998.
- The AETC maintains a web site that provides information about its services and products, including training schedules/descriptions and health education materials. In addition, the site links with other regional, national and international resources.
- The AETC collaborates and promotes the AIDS MEDCON service at the University of Washington. This telephone consultation service provides callers with a variety of HIV-related information such as clinical updates, information on new clinical trials, and bibliographies. New MEDCON callers inquiring about AIDS receive a "starter packet" that includes AIDS information and a description of the AETC's mission and services.